

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045876

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No. 10959

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis City Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5431 Columbia Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Ciro

Middle

Last
Pacino

4. DATE OF DEATH

Month November Day 3, Year 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12/25/1883

9. AGE (last birthday)
79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY
Shoe Factory

11. BIRTHPLACE (City and state or country)
Italy

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Nick Pacino

13b. MOTHER'S MAIDEN NAME

Catherine Sulli

14. NAME OF HUSBAND OR WIFE

Josephine Pacino

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Joe Pacino, 5431 Columbia Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

~~Shock; Hemorrhage; Contributing cause- Multiple fracture of ribs, suffered when car in which deceased was a passenger was struck by car operated by one Hollie Atterbury at the intersection of Manchester and Ecoff on Oct. 31, 1963 at about 10:10 A.M.~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY
Hour 10:10 a.m. Month, Day, Year 10-31-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Sheet 04

20f. CITY, TOWN, OR LOCATION
St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

6:25 p

22a. SIGNATURE

(Degree or title)

Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

11/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
11-6-63

23c. NAME OF CEMETERY OR CREMATORY
Resurrection Cemetery

23d. LOCATION (City, town, or county)
St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Calcaterra Funeral Home, 5112 Daggett Ave.

25. DATE RECD. BY LOCAL REG.

NOV 5 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.